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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

PROPOSALS FOR A COMPULSORY SICKNESS INSURANCE LAW FOR CALIFORNIA

(Continued)

"Unhappy Days Are Here Again"—Re: Compulsory Sickness Insurance Laws.—Compulsory sickness legislation again confronts the medical profession of California. Recurrently, during the last thirty years, the physicians of our State have had this experience. However, in this year, 1945, the threat is more serious than ever before. That fact should be taken to heart by every Doctor of Medicine who wants high standards of medical practice to remain available to the citizens of California.

When the present 56th California Legislature started its one-month recess on January 26th, four major compulsory sickness bills had been submitted:

1. Assembly Bill 449, sponsored by the C.I.O.;
2. Assembly Bill 800, sponsored by Governor Earl Warren;
3. Assembly Bill 1200, sponsored by the California Medical Association;
4. Assembly Bill 1414, sponsored by Assemblyman Rosenthal. (This bill is identical with the measure proposed several years ago by former Governor Olsen.)

* * *

Story Is Told In Current Issue.—The story of the introduction of these and related bills may be gleaned, if one will glance at the many items which appear in the current issue of CALIFORNIA AND WESTERN MEDICINE, on pages 64 to 92.

* * *

No Apology For Giving Space to What Is Taking Place.—No apology is made by the Editorial Board for giving so much space to a description of the events that have led up to the proposed legislation. If medical practice, as formerly and now conducted, is to have its best elements and procedures preserved and kept in operation, it will be necessary for every member of the California Medical Association to appreciate the significance of certain impending changes that now threaten the proper maintenance of the public health.

Defeat lies ahead, if the medical profession fails effectively to educate the public concerning the menaces involved in some of the legislation that has been proposed.

Physicians who have been in the habit of giving only scant or casual attention to laws designed to change the system of medical practice, now owe it to themselves and the profession to take time to read the stories that have come out of Sacramento, and to acquaint themselves concerning the dangers ahead. In this current number, on pages 64 to 92, those recitals, as presented by press representatives and others, are made conveniently available for perusal and consideration.

* * *

Strenuous Campaign of Education Is in Order.—By those who have given careful thought to the issues involved, it is generally held that if we are to prevent an arbitrary, foreign and undesirable system of medical practice from being thrust and inflicted upon the citizens of California, it will be necessary to carry on a strenuous campaign of education, both of the members of the profession and the public. It is also agreed that much of this educational work can be most efficiently carried forward through physicians themselves.

However, physicians cannot be good teachers unless they themselves are thoroughly familiar with their subject, and its ramifications. That is why it is so important that every member of the California Medical Association shall take the time to read and ponder the implications contained in the press and other articles referred to above, appearing in the current issue of the OFFICIAL JOURNAL and to be printed in future numbers.

The first chapter of the story of what is taking place at the present time, concerning proposed compulsory sickness insurance plans, appeared in the January issue of CALIFORNIA AND WESTERN MEDICINE (pages 1 to 3, and 25 to 40). Physicians who failed to scan those accounts should now refer to this source material, if they would properly orient themselves. What may be called Chapter II of the story, will be found in the current number, on pages noted above.

* * *

Every C.M.A. Member Must Do His Part.—The Association's officers cannot carry on this battle alone. The active aid of every physician who respects himself and his profession is needed. If that coöperation and support are not given, it is quite within the range of possibility that State Assemblymen and Senators may enact adverse laws, or,—in case of referendum or other initiative,—the people of California may themselves bring into being a compulsory sickness insurance plan that would not only make for a lower quality of medical care, but must permanently demoralize medical practice as now carried on. This, not only for California, but possibly for other States in the Union.

* * *

C.M.A. Officers Have Called Attention to What is Taking Place.—The constituted authorities of the California Medical Association: (1) House of Delegates; (2) Council; and (3)

Executive Committee,—through meetings, letters and other announcements have indicated to C.M.A. members the grave nature of the proposed laws, and have taken steps to inaugurate and carry through an aggressive campaign of education. However, the time to do this is short. Some of the opposnig forces have publicity and other facilities available that will be most difficult to combat. Delay is dangerous. Time is of the essence.

* * *

Public Is Being Rapidly Educated, but Often to the Disadvantage of Scientific Medicine.—The press items appearing in this current issue of the OFFICIAL JOURNAL should make clear to all how extensive has been the propaganda already given to the public. To purchase advertising space of amount and value equal to that of the news articles appearing on front and other display pages of newspapers, would necessitate an expenditure of some hundreds of thousands of dollars. (Granted, for argument's sake, that the advertisements would be read with the same interest as the news items?)

Before these controversial issues are settled at Sacramento, there will be a vast amount of additional and prominent space given to the subject by newspapers and discussion forums of the State.

It follows, therefore, that the citizens of California will form opinions thereon, and in due time probably will insist on some kind of action, through legislative or by initiative law, that will try to solve the problem, how to supply adequate medical care for citizens in the low-income groups of California. Such a law could be for better or for worse. Time would tell.

* * *

Public Is Opposed to Low Income Citizens Being Plunged into Bankruptcy Because of Illness.—One of the results of the large amount of publicity that has been given to sickness insurance plans, and already noticeable, is the opinion held by a majority of citizens of California, that many persons belonging to the lower income groups are unable to meet the costs of medical and hospitalization care of catastrophic illness. Almost everywhere the sentiment is expressed that something must be done to bring about a betterment, so that fellow citizens of small wage incomes may be able to secure medical and hospitalization care without involving themselves and their families in virtual bankruptcy.

As a guide for educational action, it is essential that this fact be recognized by physicians; and that proper effort be made, preferably under medical leadership, to indicate the procedures through which the need may be met.

* * *

High Costs of Hospitalization Care.—Living as we do, in a complex and highly interwoven and complicated civilization, the physician of today, in order to utilize his time to best advantage

in giving a proper quality of medical service, particularly in larger urban environments, must of necessity use hospitals and their facilities.

But hospitals, in one sense, are only hotels for sick instead of healthy persons; and, as such, necessarily must have larger numbers of skilled and technical employees, and greater amounts of specialized equipment. With nurses now working on eight hour shifts, the daily cost of hospital care in serious illness, if one or more members of a family of limited means are obliged to have hospital care for weeks, can easily impoverish it.

However, propagandists for compulsory insurance plans have given to the public the impression that hospital service is medical care, and that these high costs are primarily the fault of the medical profession! Therefore, according to them, the existing system of medical practice *must* be changed. Causative factors of illness, such as improper nourishment, vicious habits, ignorance, heredity, modes of living dependent on poverty, or illiteracy, are usually given very little attention by these propagandists who espouse a new social order in medical practice.

Hence, since the public, through such individuals and agencies, has already been educated to accept fallacious premises and conclusions concerning the economics and procedures of medical practice, the medical profession must now determine what steps shall be taken to overcome these erroneous impressions.

The task will not be easy. Physicians who are skeptical in regard to the above, should attend or listen in on some of the forum and round-table discussions at which these problems are considered, and note how well, in the paper and theoretical systems espoused, the proponents glibly put forth their alluring arguments for better medical care.

* * *

California Medical Association Bill Has Number A.B. 1200.—The bill sponsored by the California Medical Association (A.B. 1200) appears in full text in the current issue on page 65. A digest of its major provisions is given on page 91. See also items on pages 69, 73, 79, 81, 82, 83, 85, 89.

Comments are also made concerning the C.I.O. bill (A.B. 449), on page 89.

Governor Warren's measure (A.B. 800), is outlined on page 90.

The hope is expressed that all C.M.A. members will take the time to study the nature and scope of the proposed laws.

* * *

"Official Journal" Will Aim to Inform Members Concerning New Developments.—If there be readers of CALIFORNIA AND WESTERN MEDICINE who would look askance at the amount of space now being allocated in CALIFORNIA AND WESTERN MEDICINE to informative items concerning the proposed compulsory sickness legislation, it may be in order to remind such that the OFFICIAL JOURNAL of the California Medical As-

sociation is not primarily a publication to expound only the merits of Scientific Medicine, but is rather the printed medium through which the 7,627 C.M.A. members (of whom 2,168 are in military service) are to be kept informed concerning the activities of their Association, and the steps taken by its constituted authorities to conserve and promote the best interests of the profession and medical practice, and of the public health. For the time being, whether one or two or even a half dozen additional scientific articles are omitted from the pages of CALIFORNIA AND WESTERN MEDICINE is of little moment compared to the larger interests at stake in the proposed legislation.

* * *

C.M.A. Members Should Send Suggestions to State Councilors.—As stated in previous issues, component county societies and their members should feel free to communicate their suggestions and views on these subjects to C.M.A. Councilors and General Officers. With unity of outlook and action, the profession of California will have far greater chance of securing successful end-results in the issues now before us.

EDITORIAL COMMENT †

ANTIFIBRINOLYTIC THERAPY

In 1933 it was discovered by Tillett and Garner¹ that beta hemolytic streptococci produce an exotoxin capable of liquefying human fibrin. Patients convalescent from beta hemolytic streptococcal infections usually develop an antiserum capable of neutralizing this fibrinolysin. Tillett² subsequently reported evidence that this streptofibrinolysin is presumably not a proteolytic enzyme. During the course of studies of the clinical significance of convalescent antisera, Mirsky³ and his associates of the Army Air Field, Lincoln, Nebraska, were struck by the parallelism between the antifibrinolytic and antitryptic titers of such sera. This suggested the possibility that fibrinolysin is more closely related to trypsin than previously assumed, and that antitryptic therapy might be of value in limiting the local spread of beta hemolytic streptococcal infections.

Two antitrypsins were available for tests: (a) the crystalline "trypsin inhibitor" isolated from beef pancreas by Northrop and Kunitz,⁴ and (b) the soybean antitrypsin recently described by Ham and Sandstedt.⁵ Both were tested for their effects on in vitro liquefaction of human fibrin by beta hemolytic streptococci filtrates. It was found that as little as 1 mgm. of the pancreatic inhibitor would delay liquefaction of solid human fibrin from the control period of 39 minutes to

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.